767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

EONARIO HOLTZ ERBER GOODMAN ARSHAEL J. CHICK ECHARD 6. BARTH BOUGLAS HOLTZ

REBERTED MICHAL

TELECTONE: (212) 319-4900

FACSIMILE: (212) 319-5101

Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450

No.: EV 366 565 553 US

Express Mail Mailing Label

Date of Deposit: February 26, 2004

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Box 1450, Alexandria, VA

22313-1450

Barbara

Attorney Docket No. 04117 /LH

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s):

Takao KUROHATA of Tokyo, Japan Yoshihisa KAMATA of Tokyo, Japan Minoru ASAKAWA of Tokyo, Japan

Title:

"IMAGE PRINTING APPARATUS"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan

No. 2003-055501

filed March 3, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:

KONICA MINOLTA HOLDINGS, INC. Tokyo, Japan

Enclosed herewith are:

[X]	Specification (Description, Claim	s, Abstract): Pages 1 - <u>48</u>	; Number of claims 1 - <u>30</u>

[X] Declaration and Power of Attorney [X] executed; [] unexecuted (supplied for information purposes)

11 Sheets of drawings, Figures 1 - 11B [X] Formal [] Informal [X]

[X] Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.

[X]Certified copy of priority document identified above

Information Disclosure Statement; [] Form PTO/SB/08A 1 1

Preliminary Amendment []

[X] Change of Correspondence Address (Form PTO/SB/122)

[X] Receipt Postcard

	Number Filed	Number Extra Rate	Calculations
Total Claims Independent Claims MULTIPLE DEPEND	$\frac{30}{3} - 3 = 0$ ENT CLAIMS	$ \frac{10}{0} $	\$ 180.00 \$ \$ \$ \$ 770.00
		Total of above Calculations	\$ <u>950.00</u>

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06,1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By:

LEONARD HOLTZ Reg. No. 22,974

LH:bv

12/00

Please type a plus sign (+) inside this box \rightarrow [+]

CHANGE OF CORRESPONDENCE ADDRESS

[] Total of

forms are submitted.

Herewith

Please type a plus sign (+) inside this box → [+]

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Filing Date

Application Number

Application		First Named Inventor KUROHAT				'A					
Address to:		Group Art Unit									
Commissioner for Patents P.O. Box 1450	Examiner Name		me								
Alexandria, VA 22313-145	Attorney Docket Number 04117/LH			/LH							
Please change the Correspondence Address for the above-identified application to:											
[X] Customer Number 01933											
[X] Firm or Individual Name											
Address	Address 767 Third Avenue - 25th Floor										
Address		·									
City	New York	State NY			ZIP	10017-2023					
Country	U.S.A.										
Telephone	(212) 319-4900			Fax	(212) 319-5101						
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).											
[] Applicant/Inventor.											
[] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).											
[X] Attorney or Agent of record. [] Registered practitioner named in the application transmittal letter in an application without an executed oath or											
declaration. See 37 CFR 1.33(a)(1). Registration Number											
Typed or Printed Name LEONARD HOLTZ, Registration No. 22,974											
Signature											
Date Sebruary 26, 2004											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.											